

Latin America and the Caribbean Unit

Management Development Plan:
Ministry of Public Health And Social Welfare
General Direction For Family Health, Paraguay
October 1997 to September 2000

Family Planning Management Development (FPMD)
Project Number: 936-3055
Agreement Number: CCP-A-00-95-00000-02

Office of Population, USAID

Management Sciences for Health
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June 1998

**MANAGEMENT DEVELOPMENT PLAN:
MINISTRY OF PUBLIC HEALTH AND SOCIAL WELFARE
GENERAL DIRECTION FOR FAMILY HEALTH, PARAGUAY**

October 1997 to September 2000

Final Version for Approval: June 1998

FAMILY PLANNING MANAGEMENT DEVELOPMENT
Management Sciences for Health

Cooperative Agreement No.: CCP-A-00-95-00000-02
Activity Code No.: A0300 PARMH

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I. Background

The *Family Planning Management Development Project* (FPMD) provides technical assistance to address the different management aspects faced by national and local family planning programs and organizations. This approach supports the development of competent managers and effective management systems, which as a whole, enable many organizations to provide sustainable and high quality family planning services to their clients. The FPMD project grants a high priority to the development of competent and effective managers through the transfer of critical managerial skills to key individuals within the organization as well as the provision of services.

Through its work in collaboration with several organizations, the FPMD Project begins its work performing an evaluation of the existing needs and elaborating a long term *Management Development Plan*, which serves as a guide for its technical assistance activities. The Management Development Plan is an formal long term agreement between an institution and FPMD. This document communicates the purpose of FPMD's technical assistance for the country and counterpart institutions, the goals and objectives throughout the duration of said assistance and the managerial interventions that will have an impact on the provision of family planning and reproductive health services. The Management Development Plan constitutes the basis for the *Detailed Implementation Plan*, which is in turn the basis for the annual plan of activities (see Exhibit I).

The FPMD Project is supported by the United States Agency for International Development (USAID) through a cooperative agreement. According to this agreement, the FPMD Project is designed to provide technical assistance and does not grant funding to institutions. The FPMD Project is implemented through Management Sciences for Health (MSH), a non profit organization whose aim is to bridge the gap between what is known about public health problems and what is being done to address them.

A. Health System Structure in the Public Sector

The Ministry of Public Health and Social Welfare in Paraguay provides health care services to the Paraguayan population through promotion, prevention, assistance and rehabilitation activities. The Ministry of Health runs a general hospital, seven specialized hospitals, nine mother-child hospital facilities, 15 regional hospitals, 124 health centers, 539 health posts and two specialized health care facilities.

The right to protect the population's health and the National Health System are comprised in the 1992 Constitution; a document that establishes the principles of coordination, cooperation and complementary activities between the public and private sub-sectors. In October 1993, the Ministry of Public Health was restructured, giving rise to the creation of the General Direction for Sanitary Promotion, Prevention and Education, the General Direction for Family Health and the General Direction for Social Welfare as the units responsible for the promotion of health,

sanitary prevention and education¹. One of the many values that are part of this law is the quality, shown through the effort of the current activity implemented by the Ministry in conjunction with USAID, international cooperation agencies and other entities. The Ministry of Health was established as a governing entity, which created the National Health Council. Under the Ministry, this program supports management decentralization in the 28 sanitary regions throughout the country.

B. Baseline Study

During the month of October 1997, a study was performed regarding the quality of the services offered by the Reproductive Health program through a situation analysis, a study of focus groups, and interviews with directive staff in two of these regions.² The following recommendations offered by FPMD's consultants, Kaufman and Ojeda who direct MSH/FPMD's managerial support efforts are classified in the following technical areas: 1) organizational development, 2) service management, 3) supervision, 4) training, and 5) planning and evaluation.

1. Organizational Development:

To institutionalize the services of the Reproductive health program the following is specifically recommended:

- To clearly define the program's objectives and goals
- To select the programs to be integrated
- To clearly define operational strategies and procedures for each strategy
- To review the manual of Standards and Procedures and train the staff in its use
- To define clear lines of authority and communication among different operational levels

2. Service Management:

To ensure the delivery of quality services in the program's health posts the following is recommended:

- To adjust the Manual of Standards and Procedures to the center's reality, without

¹, Consejo Nacional de Salud, Ministry of Public Health and Social Welfare, *Análisis del Sector Salud, Documento Preliminar*, February 1998.

² Evaluation Project and MSH/FPMD, *Estudio de Calidad en los Servicios del Programa de Salud Sexual y Reproductiva del Ministerio de Salud Pública y Bienestar Social*, October 1977.

changing its essential aspects

- To use a flowchart to analyze the steps a client must follow to obtain a service
- To include, if possible, surgical contraception and services for males and adolescents
- To include, if possible, gender-oriented sexual and reproductive services
- To decide on the constellation of services to be offered by each facility as well as the broad dissemination thereof among users to encourage demand
- Ensure the offering of all services on a daily basis during working days in the morning and afternoon
- To allocate facilities in each health post to offer information, education and communication services to ensure privacy
- To have educational materials on hand to be used in conjunction with service delivery
- To supply medical resources on a permanent basis, to establish a staff substitution system and to enforce compliance with the staff's work schedules
- To stimulate team work as much as possible

3. Supervision

To stimulate the staff's performance throughout the program, the following is recommended:

- To assign an adequate number of officers, facilities, and trained supervisors to monitor the program's services in each region
- To develop a supervision manual that includes supervision functions, procedures, and instruments
- To establish a detailed supervision program at the central and regional level on an annual basis with the aim of identifying the most important problems and necessary follow up actions
- To ensure supervision of facilities every three months
- To ensure follow up of supervisors
- To assign and train directive staff in supervisory functions

4. Training

Ongoing and systematic training will support the Program's Development to improve your staff's performance. The following is specifically recommended:

- To perform an analysis of the existing training needs

- To develop a training plan based on that analysis
- To ensure that each training activity complies with the identified needs
- To evaluate each training activity before and after its implementation
- To select participants who will provide assistance to each activity based on precise criteria
- To hold training sessions for trainers to replicate training activities supporting them in their development as trainers
- Use of participatory methodology in all activities

5. Planning and Evaluation

To increase the number of activities, monitor the progress thereof and detect and correct errors, the Reproductive Health Program needs to know and understand the objectives as well as the expected results. To attain this the following is recommended:

- To adopt an adequate planning, programming, and evaluation system
- To identify specific goals for each facility
- To prepare a specific work plan and a schedule of activities
- To evaluate compliance with the objectives and goals on a periodic basis through service statistics
- To analyze and elaborate conclusions based on those statistics for decision making
- To accompany the data collection forms with clear instructions and definitions of all the terms contained therein
- To use the evaluations and operational studies to find solutions for specific problems
- To evaluate on a systematic basis the quality of the services through a specific plan

II. OBJECTIVES AND ACTIVITIES

A. Objectives of USAID/Paraguay

The objective of USAID/Paraguay population program is to increase the number of voluntary family planning services. The three intermediate results are: 1) better access to health care services, 2) improved quality, and 3) progress towards the sustainability of family planning services. The following table shows the Indicators that will verify each result:

Intermediate Result 1: Expanded access to information and family planning services for marginal rural and urban population groups, adolescents, and males	1.1.1. Improved capacity of community leaders and staff assigned to the provision of information and family planning services 1.1.2. Expanded scope to marginal rural and urban population groups, adolescents and males
Intermediate Result 1.2 Improved quality of family planning services	1.2.1 Increased number of sites for the provision of totally functional services in selected regions 1.2.2. Improved management skills and systems
Intermediate Result 1.3 Progress towards the sustainability of family planning services	1.3.1. Well defined family planning policies and operational standards to support the program's sustainability 1.3.2. Trustworthy data and availability of information from research activities.

B. Goal and objectives of the Ministry of Public Health and Social Welfare and MSH/FPMD

The goal of MSH/FPMD and the Ministry of Public Health and Social Welfare is:

To expand coverage and improve the quality of the services offered by health posts and centers that participate in the pilot program under the Sexual and Reproductive Health Services Project.

The collaboration efforts between MSH/FPMD and the Ministry of Public Health and Social Welfare focus on Result 1.2 (improved quality) and its two intermediate results, specifically, 1.2.2 (improved management skills and systems). MSH/FPMD launched the COPE process in the first three pilot centers and will follow up on this. MSH/FPMD will also carry out management development activities at the central and regional level in the project's pilot centers, as regards supervision, computer science and diagnosis and management training. The Quality Reproductive Health Services pilot project will be executed in four stages:

1. Initial diagnosis of all units
2. Implementation of management strengthening program (activities in the areas of quality, managerial logistics systems, supervision and computer sciences, production of manuals, training, etc.)
3. Evaluation and follow up
4. Replication and Institutionalization

To attain its goal as well as the objectives identified by USAID/Paraguay, MSH/FPMD and the Ministry of Public Health and Social Welfare it expects to focus its efforts on the

following objectives:

Objective 1: *Staff in eight pilot centers is sensitized and obtains tools to improve service quality*

- Indicators:*
1. Pilot plan to improve service quality developed and acknowledged by the Ministry of Public Health and Social Welfare, USAID/Paraguay and MSH/FPMD
 2. Identification of findings that have an impact on service quality
 3. Centers trained in the introduction of methodology and implementation of COPE (eight pilot sites)
- Activities:*
1. Diagnosis: Technical visit by Gabriel Ojeda and Amelia Kaufman in September 1997. (Document: Study of the Quality of the Reproductive Health Services Program under the Ministry of Public Health and Social Welfare, Ojeda and Kaufman, October, 1997)
 2. Project design: October 1997 (Document: Quality Service Strategy: Piloto Project and Activities, 1998 Fiscal Year, David Dobrowolski)
 3. Baseline at pilot sites (first 3 sites):
Technical visit by Gabriel Ojeda in November 1997 and diagnosis of baseline quality using an inventory of resources in pilot centers, interviews with suppliers and interviews with users. (Document: Work Report- Gabriel Ojeda, November, 1997)
 4. Introduction to COPE
(Client-Oriented Suppliers and Efficiency),
COPE Workshops and COPE action plans in first three pilot sites:
Technical visit by Ana Vega and Juan Carlos Carrazas in November 1997 (Document: Work Report)
 5. Coordination meetings among cooperation agencies, AID and the Ministry of Health:
Attended by D. Dobrowolski and S. Johnson, December 1997
 6. Management-oriented visit to three pilot centers:
Technical visit by D. Dobrowolski at the end of January 1998 to observe progress attained by COPE action plans (Document: Report on COPE, D. Dobrowolski; trip report, D. Dobrowolski)
 7. Community Action Workshop, "Quality with Warmth!"
Plans to improve access to three pilot centers. Technical visit and

Workshop by Amelia Kaufman and D. Dobrowolski in February, in conjunction with PCS (Document: Trip report by A. Kaufman)

8. COPE follow up in pilot centers and analysis of patient flow: Technical visit by Ms. Ana Vega in April 1998 (Document: brief report of visit).

Objective 2 *The Ministry of Public Health and Social Welfare is aware of its institutional development status and the steps it must take to attain managerial progress*

- Indicators:*
1. Institutional development status identified through a management self-diagnosis workshop at the central and regional levels
 2. Clearly defined strategies to attain goals and objectives in each program
 3. Well defined action plan to strengthen institutional management at the central and regional levels

- Activities:*
1. Advise on Management Development: July, 1998.
(week of July 13) management self-diagnosis process for the central and regional levels under the General Direction for Reproductive Health that will allow for an analysis of essential management components and an action plan to strengthen managerial skills; the relationship between COPE, management development and other components of the integrated strategy are taught.
 2. Follow up on management development advise:
Central and regional level and management self-diagnosis in pilot centers (first 3 and after COPE's introduction, the other 5)

Objective 3: *Supervisors at the central and regional levels are aware of fundamental supervision elements and their role with respect to COPE methodology to offer better health care services*

- Indicators*
1. Revised supervision system in collaboration with supervisors at both levels
 2. Supervision guide developed including the identification of functions and procedures
 3. Supervisors trained at both levels

- Activities*
1. Brief meeting on supervision matters
Updated with equipment at the central and regional levels: March, 1998, S. Johnson. Document: Notes on Supervision.
 2. Technical advise on supervision:

Technical advisor's visit in July, 1998 to interview supervisors, observe supervision in the field, planning of supervision process to support COPE and management of other units with supervisory team, offering of short workshop on supervision (concepts, techniques, participatory/facilitating supervision, etc.)

3. Follow up on technical supervision:
In August/September, 1998 the new supervision guidelines will be concluded, the entire staff will be trained and the health care centers subject to supervision (8 pilot centers) will receive orientation

Objective 4: *Managers and staff at the central and regional levels, have information available for decision making*

Indicators: 1. Information adjustment plan developed including activities and identification of persons responsible

Activities: 1. Technical advise on computer science:
Technical advisor's visit at the end of June, 1998 to review current data collection process, identify information needs and human, technical and material resources

2. Follow up on technical advise on computer science:
(August/September, 1998). Discussion about computerized systems, design of information systems and quality indicators

Objective 5: *Managers and staff in eight pilot centers are aware of their organizational development status and the steps they must take to attain managerial progress*

Indicators: 1. Existence and acknowledgement of a detailed management plan for eight pilot health centers

Activities: 1. Advise on management development: August/September, 1998. managerial self-diagnosis process at pilot level within the Reproductive Health program which allows for an analysis of essential management components and an action plan to strengthen management; the relationship between COPE, management development and other components of the integrated strategy will be taught

Objective 6: *The Program evaluates its progress on an annual basis and based on the results it makes changes in its annual plan*

- Indicators:*
1. Existence and acknowledgement of an evaluation plan for pilot project
 2. Established system that allows for adjustments to the processes, plans and activities within the project
- Activities:*
1. Evaluation of eight pilot sites
Gabriel Ojeda. September, 1998
 2. Work meeting with the Ministry of Health, USAID and other international cooperation agencies :
September of each year. To present and discuss the findings and plan work for the following 12 months

III. MAIN TECHNICAL ASSISTANCE ASSUMPTIONS

A. Collaboration

An integrated management development strategy will be implemented in the Quality Reproductive Health Services Pilot Project, which focuses on the improvement of quality services and management strengthening in operational units to ensure the unit's good performance in general (mainly health centers and posts, but also some reference hospitals). Progress during this period depends on the will and collaboration of all the actors involved in this project. This important interdependence assumption regarding the technical assistance provided by MSH/FPMD allows us to define some principles concerning technical assistance. These include:

1. Active participation in project activities through staff at pilot sites and supervisors at the regional and central levels
2. Develop activities between MSH/FPMD and the Ministry of Health that are complementary to the efforts made by other groups that work with the Ministry of Health, specifically, USAID/Paraguay and international cooperation agencies
3. Coordination of activities between MSH/FPMD, the Ministry of Public Health, USAID/Paraguay and international cooperation agencies to ensure that client is able absorb technical assistance
4. Broader dissemination of information at all levels of the Ministry of Public Health, USAID/Paraguay and international cooperation agencies
5. Foster team work among MSH/FPMD, USAID/Paraguay and international cooperation agencies, as much as possible, to ensure an enhanced collaboration among these groups

During the project's first year, we expect to work collaboratively with 8 reproductive health units in Asunción and the Central region. The first group of pilot sites are the San Felipe Health Center, the Aregua Health Center, and the Fernando de la Mora Health Center. The second group of units include the San Pablo Hospital, Lambare Hospital, Trinidad Hospital,

Barrio Obrero Hospital and Limpio Hospital. In the upcoming fiscal years the number of units that will offer Quality Reproductive Health Services in USAID's priority regions (Central, Asunción, Cordillera, Misiones) will gradually increase.

B. Roles and Responsibilities

To make progress during the project's implementation, the availability and commitment of the counterparts in the Ministry of Public Health and Social Welfare are required. Therefore, MSH/FPMD suggest the following:

1. To assign the appropriate staff to each activity with MSH/FPMD consultants
2. To develop a plan and schedule of activities between the counterparts of the Ministry of Public Health and MSH/FPMD
3. To develop follow up activities that can be carried out between consultants' visits
4. To assign the most appropriate staff to attend training activities and communicate the names and titles of the participants to MSH/FPMD prior to each event
5. To support and assign staff to attend supervision visits to pilot sites
6. Identification of counterparts in the Ministry of Public Health and Social Welfare at each pilot site, involving them in MSH/FPMD activities during the project

To improve the collaboration between MSH/FPMD and the Ministry of Public Health and Social Welfare, MSH/FPMD proposes compliance with the following:

1. To involve the Ministry of Public Health in the planning and programming of activities
2. To clearly define activities and specific responsibilities of the Ministry of Public Health for each activity
3. To explain the expected results and function of each activity to attain such progress
4. To distribute the final version of each report elaborated by MSH/FPMD consultants
5. To cover the costs related to technical assistance visits, specifically, the costs incurred by consultants, including their international/ local transportation
6. To cover the costs of local workshops, specifically, conference rooms, transportation, per diem, lunch, snacks and materials
7. To cover the costs of a driver, in those cases where MSH/FPMD consultants need to make technical assistance visits outside Asunción
8. To guarantee the consistency of MSH/FPMD consultants, as much as possible

IV. LOGICAL FRAMEWORK

OBJECTIVES HIERARCHY	INDICATORS	VERIFICATION	IMPORTANT ASSUMPTIONS
Goals			
1. Improved Quality of Family Planning services 2. Expanded accessto information and family planning services for marginal rural and urban populations, adolescents and males 3. Progress to attain sustainability of family planning services	-Increased rate of ongoing contraception -Increased acceptance of services; Increased number of new users -Increased number of clients who pay for family planning services	-Service statistics -Service statistics -Service statistics	Integration of quality to programs implemented by the Ministry of Public Health and Social Welfare Acknowledgement of client-oriented methodology Plan to supply necessary resources to implement quality activities
Purpose			
Increase coverage and improve the quality of the services provided in health posts that participate in the pilot program of the de Reproductive Health Services Project	-Increased number of new users -Increased rate of ongoingtion contraception	Service statistics	Acknowledgement of plan and commitment to carry out activities
Work Performance			
<u>Quality:</u> Staff in pilot centers is senzitized and obtains tools to improve the quality of the services <u>Management:</u> The Ministry of Public Health and Social Welfare is aware of its institutional development status and the steps to be taken to attain managerial progress Managers and staff in pilot centers are aware of their institutional development status and the steps to be taken to attain managerial progress <u>Supervision</u> Supervisors at the central and regional levels are familiar with fundamental supervision elements and their role as regards the COPE methodology to provide better health care services <u>Computer Science</u> Managers and staff in health posts that participate in pilot project, have service statistics available	-Project's management plan -Inventory of resources -Interviews with service providers -Interviews with clients -Centers trained and sensitized with COPE -Defined strategies to attain goals and objectives in each Program -Defined action plan to strengthen institutional management -Revised supervision system -Supervision guide including functions and procedures -Trained supervisors -Supervision every 3 months -Development of information adjustment plan - Evaluation plan and report	-Interviews with service providers -Interviews with Managers -Verification of management plan - Exercise update - Results incorporated to the plan -Supervision Guide -Interview with supervisors -Observation -Interview with staff	-Financial resources -Collaboration among the Ministry of Public Health and Social Welfare, USAID/ Paraguay, and international cooperation agencies -Continuity of counterparts involved in the activities with MSH/FPMD

OBJECTIVES HIERARCHY	INDICATORS	VERIFICATION	IMPORTANT ASSUMPTIONS
Activities	Resources		
<u>1. Advise about quality</u> - Initial quality diagnosis in three pilot centers -Design of Quality Reproductive Health Services Project with the Ministry of Health - Baseline Study -Introduction of COPE in first three pilot centers -Planning of activities for 1998 and follow up on COPE activities in first 3 centers -Quality with Warmth Workshop - COPE follow up in first three pilot projects	Gabriel Ojeda, Amelia Kaufman David Dobrowolski Gabriel Ojeda Ana Vega, Juan Carlos Carrazas David Dobrowolski Amelia Kaufman Ana Vega Carla Schowerer To be determined Josh Coburn Fredy Flores Gabriel Ojeda	- Consultants' Trip Reports	-Dissemination of quality projects -Implementation of quality projects -Execution of activities included in management plan -Acknowledgement and support of changes proposed by supervisors -Ministry of Public Health and Social Welfare develops and implements its plan to improve computer systems

V. PROJECT MANAGEMENT

A. MAIN ACTORS IN BOTH INSTITUTIONS

1. Paraguay's Ministry of Public Health and Social Welfare :

Project Director, General Director of Family Health Care: Dr. Rosa Rodríguez de Massare
Project Coordinator, Head of the Reproductive Health Department: Dr. Rubén Dario Ortiz

2. Management Sciences For Health

MSH main contact persons for this project are the following:

Sub-Director, Program Unit, FPMD: Ms. Barbara Tobin
Coordinator of Work Team in Paraguay: Ms. Sarah Johnson
Manager of Work Team in Paraguay: Ms. Stacey Irwin Downey

B. COMMUNICATION

MSH/FPMD and the Ministry of Health will communicate on a formal basis if any changes are made in the timetable of scheduled activities or due to any other reason in connection with the work scheduled by both institutions.

C. REPORTS

Each FPMD/MSH consultant upon leaving Paraguay after a technical visit shall deliver a written summary to Dr. de Massare and Dr. Ortiz containing a brief description of the work that was carried out during his/her stay (1-2 pages). MSH/FPMD shall submit the final version of each report directly to the Ministry of Public Health and Social Welfare with copies of said reports to USAID/Paraguay.

D. MEETINGS

All FPMD/MSH consultants shall meet with Dr. de Massare and/or Dr. Ortiz upon their arrival and at the end of their technical assistance visit in Paraguay.

VII. DURATION OF MANAGEMENT DEVELOPMENT PLAN:

The Management Development Plan between the Ministry of Public Health and Social Welfare and Management Sciences For Health (MSH), as well as the collaboration efforts and technical assistance between both institution, shall be executed during the period comprised between October 1st. 1997 and September 30 of the year 2000, i.e. a 3 year period.

Exhibit I of this document specifies the work to be executed during the current fiscal year (October 1st. 1997 to September 30 1998). At the beginning of the month of September 1998, a Detailed Implementation Plan will be elaborated in adherence to MSH/FPMD management and project documentation practices. The Detailed Implementation Plan contains the details of the collaboration effort between the Ministry of Public Health and Social Welfare and MSH/FPMD for the period comprised between October 1st. 1998 and September 30 1999. Likewise, a second Detailed Implementation Plan will be prepared in September 1999 which shall provide details for the period comprised between October 1st. 1999 and September 30 of the year 2000.

VI. SIGNATURES

<hr style="width: 200px; margin-left: 0;"/> Dr. Rosa Massare Directora General de Salud Familiar, Ministerio de Salud Pública y Bienestar Social,	<hr style="width: 200px; margin-left: 0;"/> Dr. Osvaldo Benitez Oficina HPN USAID/Paraguay	<hr style="width: 200px; margin-left: 0;"/> Lic. Barbara Tobin Sub-Directora Unidad Programática Proyecto FPMD MSH
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Exhibit 1: DETAILED IMPLEMENTATION PLAN:

FROM OCTOBER 1st. 1997 TO SEPTEMBER 30 1998

Activity	MSH Consultant	Ministry Counterparts	Dates
Initial quality diagnosis in three pilot centers: -Interviews with service providers -Interviews with clients	G. Ojeda, A. Kaufman	Dr. Rosa de Massare Dr. Ortiz	September 1997
Design of Quality Reproductive Health Services Project with the Ministry of Health -First management plan describing the project -Project re-design	D. Dobrowolski	Dr. Rosa de Massare Dr. Ortiz	October 1997 (begins)
Baseline Study -Inventory of resources	G. Ojeda	Dr. Rosa de Massare Dr. Ortiz	November 1997
Introduction of COPE in first three pilot centers -Workshops - COPE action plans	A. Vega J. Carrazas	Dr. Rosa de Massare Dr. Ortiz supervisors, directors de centers	November 1997
(Coordination meeting with cooperation agencies and the Ministry)	D. Dobrowolski S. Johnson	Dr. Rosa de Massare Dr. Ortiz	December 1997
Planning of activities for 1998 and follow up on COPE activities	D. Dobrowolski	Dr. Rosa de Massare, Dr. Ortiz	January 1997
Quality with Warmth Workshop -on quality and access, action plans	A. Kaufman	Dr. Rosa de Massare Dr. Rubén Ortiz	February 1998
Initial supervision discussion (Submission of report about COPE in pilot centers)	S. Johnson (D. Dobrowolski)	Dr. Rosa de Massare Dr. Rubén Ortiz	March 1998
Follow up on COPE in pilot centers	A. Vega	Dr. Rosa de Massare Dr. Rubén Ortiz	April 1998
Technical-administrative visit to discuss plans for following months	S. Irwin Downey	Dr. Rosa de Massare Dr. Rubén Ortiz	May 1998
Technical advise on computer science	J. Coburn F. Flores or TBD	Dr. Rosa de Massare, Dr. Rubén Ortiz	End of June 1998
Management diagnosis at central and regional levels	C. Schowerer	Dr. Rosa de Massare, Dr. Rubén Ortiz	Second week of July 1998

Advise on supervision	---	Dr. Rosa de Massare, Dr. Rubén Ortiz	July 1998
Second visit on computer science and supervision	J. Coburn F. Flores or TBD	Dr. Rosa de Massare, Dr. Rubén Ortiz	August or September, 1998
Management diagnosis at pilot level, follow up at central and regional levels	C. Schowerer	Dr. Rosa de Massare, Dr. Rubén Ortiz	End of August/ September
Progress evaluation in pilot projects	G. Ojeda	Dr. Rosa de Massare, Dr. Rubén Ortiz	September

Exhibit 2: Illustrative Budget

The activities scheduled for the October 1997- September 1998 fiscal year, are included in the following illustrative budget. Other necessary expenses s corresponding to the activities scheduled for the future, such as computers, were included in the budget for the upcoming fiscal year, October 1998 - September 1999.

Expenses at Central level:

Technical assistance costs for the Ministry of Health in Paraguay
(including consultants, travel, per diem, etc.)

\$270,028.00

Project administration costs
for MSH/FPMDcentral office facilities

\$ 27,504.00

Local Expenses:

Workshops (Including expenses to cover per diem, transportation, materials, administrative support, room rental fees):

A) Quality with Warmth	\$ 10,000.00
B) Computer Science -July 1998	\$ 1,500.00
C) Supervision -July 1998	\$ 8,000.00
D)Computer Science #2 -August 1998	\$ 4,500.00
E) Supervision #2 -September 1998	\$ 8,000.00

Internet services

\$ 450.00

Local transportation

\$ 400.00

Local logistics service to manage local costs
of workshops (Price Waterhouse)

\$ 4,000.00

TOTAL:

\$334,382.00

